

Manufactured Home Dealer Service Agreement

Department of Safety and Professional Services Manufactured Home Unit P.O. Box 8935 Madison, WI 53708-8935 Phone: (608) 266-2112

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

- This form is required if you do not own and operate your own service department.
- Fill in form completely, obtain signatures, and submit to the above address.

| This agreement, made and entered on the below i | indicated dates by and between manufac | ctured home dealer applicant, |
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| of, W servicing business at Wisconsin locations as indic | isconsin, and the below named firms operated. | erating the specified repair and |
| Witness that for and in consideration of an agreed firms agree to service all manufactured homes off named above, on warranties or otherwise, during | I rate and for other good and valuable co ered for sale or sold at retail by the manu | nsideration, the below named |
| It is mutually understood and acknowledged that a Professional Services is a condition precedent to t named above. | | |
| X Signature of Manufactured Home Dealer Applica | ant | Date |
| | | |
| Repair and Servicing Firm Name and Business Lo | Y | |
| Electrical | Agent's Signature | Date |
| Heating | Agent's Signature | Date |
| Natural or Bottle Gas | Agent's Signature | Date |
| Plumbing | Agent's Signature | Date |
| Refrigeration | X Agent's Signature | Date |